

<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</p> <p><i>2/15/04</i></p> </div> <div style="text-align: right;"> <p>SERIAL NO. <i>10781173</i></p> <p>APPLICANT(S) <i>2/15/04</i></p> </div> </div>							FILING DATE					
CLAIMS												
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP							
1						51						
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47						97						
48						98						
49						99						
50						100						
TOTAL IND.						TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS						TOTAL CLAIMS						

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